Film#G151 Item# 8 2/24/54 emf

1633

01629

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) B. (Last) Baldwin

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 1891 11/8/91 2-6-54

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Wittokowsky

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: husband Joseph A. Baldwin Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

Immediate cause (a) Carcinoma of ampulla of Vater — Interval Between Onset and Death: 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinomatosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 3, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma c multiple fistulae

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1954, to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 8 05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ray Kennedy Shipton M.D. Harford Memorial Hosp 2-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/19/54

NAME OF CEMETERY OR CREMATORY: St. Paul Lutheran

LOCATION (City, town, or county) (State): aberdeen, md

DATE REC'D BY LOCAL REG.: Feb 18-54

REGISTRAR'S SIGNATURE: C. L. Lewis M.D.

24. FUNERAL DIRECTOR: John T. Varney

ADDRESS: aberdeen md.

RECEIVED
FEB 19 1954
BUREAU V. S.

1647

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01630

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocks
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Blackburn Jr
4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Nov. 27, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Blackburn
14. MOTHER'S MAIDEN NAME: Violet Laing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: John Blackburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

056.1

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Whooping Cough — 2 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1954, to Feb. 4, 1954, that I last saw the deceased alive on Feb. 4, 1954 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. T. Snodgrass MD. ADDRESS Darlington DATE SIGNED 2/5/54

23. BURIAL, ~~CREMATION~~, REMOVAL (~~Specify~~) Burial
DATE THEREOF Feb. 5, 1954
NAME OF CEMETERY OR CREMATORY Van Moy Cem.
LOCATION (City, town, or county) Hatough Co., N. C. (State)
DATE REC'D BY LOCAL REGISTRAR Feb. 4, 1954
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1954
BUREAU V. S.

154

MARYLAND STATE DEPARTMENT OF HEALTH

01631

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, Rural
LENGTH OF STAY (In this place) 4 mos.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carleza (Middle) A. (Last) Brown

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1954

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 17, 1953

9. AGE last birthday yrs. — If under 1 year: Months 4 | Days 15 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Brown, Jr.,

14. MOTHER'S MAIDEN NAME: Naomi Gregg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: John Brown, Jr., Joppa, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X
Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Gerald C Palmer M D Deputy Medical Examiner Harford Co. — ADDRESS Bel Air Md. — DATE SIGNED 2/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/4/1954 | NAME OF CEMETERY OR CREMATORY Community, | LOCATION (City, town, or county) Joppa, Harford, (State) Md.

DATE REC'D BY LOCAL REG. 2-4-1954 | REGISTRAR'S SIGNATURE Mame M. Monsdale | 24. FUNERAL DIRECTOR Howard K. Mc Comas, & Son, ADDRESS Abingdon, Md.,

VS. A15A

2043/92384

RECEIVED
FEB 5 1904
BUREAU V. S.

1649 Film#G161 Item# 7 2/15/54 emf

01632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co., Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CHARLES H. CALDER
4. DATE OF DEATH (Month) (Day) (Year): Feb 8 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug 17, 1867
9. AGE last birthday: 86 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retail Merchant
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James S Calder
14. MOTHER'S MAIDEN NAME: Sallie Strett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Cecelia C Wisner Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) CEREBRAL HEMORRHAGE – Rt Sided hemiplegia — Feb 6-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardio-Vascular Disease with hypertension — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARAPLEGIA LOWER EXTREMITIES (Spastic) (Postero-Lat. Sclerosis – Spinal Cord) — 30 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1938, to Feb 8, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill Md 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF: Feby 10/53
NAME OF CEMETERY OR CREMATORY: Nort Bend Presbyterian
LOCATION (City, town, or county) (State): Federal Hill Harford Md

DATE REC'D BY LOCAL REG. 2/8/54
REGISTRAR'S SIGNATURE: Priscilla Howard
24. FUNERAL DIRECTOR ADDRESS: Joseph T Foster Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
FEB 11 1904
BUREAU V. S.

1634

MARYLAND

STATE DEPARTMETT OF HEALTH

01633

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 31
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 S. Phila Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md. 21
STREET ADDRESS (If rural, give location) 118 S. Phila. Blvd.

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Cordelia (Last) Cole

4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 9-1856
9. AGE last birthday 97 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Henry Ruff Watters
14. MOTHER'S MAIDEN NAME Emily Bishop Fordwood Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Douglas Kennedy - Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a)	Cardiac Arrest	Terminal
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	15 yr.
	(c)	Coronary Arteriosclerosis	15 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1949, to 2-13-, 1954, that I last saw the deceased alive on 2-13-, 1954, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE Peter P. Rodman (Degree or title) M.D. ADDRESS Aberdeen Md. DATE SIGNED 2-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/16/54
NAME OF CEMETERY OR CREMATORY Apesutia Cemetery
LOCATION (City, town, or county) (State) Perryman Md.

DATE REC'D BY LOCAL REG. Feb. 16-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Tarring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 18 19[illegible]
BUREAU V. S.

1635

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Alliance St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 519 Alliance St.

3. NAME OF DECEASED (Type or Print) (First) Mitchell (Middle) (Last) Croxsen

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug. 2, 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman
10b. KIND OF BUSINESS OR INDUSTRY Penna. Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bun Croxsen
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 717-09-7858
17. INFORMANT AND ADDRESS 519 Alliance St. Mrs. Hannah Hoke, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3-1X

Immediate cause (a) Cerebral Vascular Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to Feb. 14, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. (Degree or title) ADDRESS Havre de Grace, Maryland DATE SIGNED 2/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/18/54
NAME OF CEMETERY OR CREMATORY St. James Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Feb 16-1954
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR Fluvert E. Bullock - Havre de Grace, Md. ADDRESS

BUREAU V. S.

636 Film#G161 Item# 11,12 2/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hinrade Grace
LENGTH OF STAY (in this place) 38 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gibson, Md
STREET ADDRESS Bel Air RD1 (If rural, give location) Harford Co. Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H (Last) Gibson

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 11-8-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Employed

11. BIRTHPLACE (State or foreign country): Harford Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Gibson

14. MOTHER'S MAIDEN NAME: Elizabeth Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Mrs Sarah W Gibson Bel Air RD1 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

904.0

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture l. femur — —

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 1/6/54

19b. MAJOR FINDING OF OPERATION: Fracture L. femur

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) Hanrade Grace (County) Harford (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/5/54 6 A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell while dressing

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 2/10/54

23. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial

DATE THEREOF Feb 13/54

NAME OF CEMETERY OR CREMATORY Clarks Chapel

LOCATION (City, town, or county) Gibson Harford Co (State) Md

DATE REC'D BY LOCAL REG. Feb 12-54

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Joseph Foster Bel Air ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

FEB 12

1637

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; STREET ADDRESS (If rural, give location) Agreement Laneway.

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Eugene (Last) Golladay

4. DATE OF DEATH: (Month) Feby (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-Sept-1932

9. AGE last birthday: 21 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Martin H. Golladay

14. MOTHER'S MAIDEN NAME: Anna M. Glasewitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Korean

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Anna M. Golladay - aberdeen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/16 Immediate cause (a) Fracture skull — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Route 22 (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 2/7/54 5:40 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Autoaccident, auto-object type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Harold C Palmer MD Deputy Medical Examiner ADDRESS Harford Co. Balto Md DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Feb 10-1954; NAME OF CEMETERY OR CREMATORY Bakers Cemetery; LOCATION (City, town, or county) aberdeen (State) md.

DATE REC'D BY LOCAL REG. Feb 9-1954; REGISTRAR'S SIGNATURE A. C. Lewis M.D.

24. FUNERAL DIRECTOR; ADDRESS John G. Garrity aberdeen md.

VS. A15A

RECEIVED
FEB 11
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 40 Near Havre de Grace
LENGTH OF STAY (in this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.C. COUNTY Buncombe
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Asheville
STREET ADDRESS (If rural, give location) Box 362, Route #1 ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Marion (Last) Green

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-15-31

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Marion GREEN SR.

14. MOTHER'S MAIDEN NAME: Louise (n) Babcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture skull — ✓

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE (Home, farm, factory, street, office bldg., etc.) **OF INJURY** N S Route 40

21c. (City or town) Havre de Grace (County) Harford (State) Md.

21d. TIME OF INJURY (Month) Feb (Day) 9 (Year) 1954 (Hour) 1:05 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident - auto-pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2-10-54

NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery

LOCATION (City, town, or county) Weaverville, Buncombe (State) N.C.

DATE REC'D BY LOCAL REG. 2-9-54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A - 5 - 53

FEB 11 19[illegible]
BUREAU W[illegible]

1633

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 508 S. Philadelphia Blvd.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Jane (Last) Hughes
4. DATE OF DEATH: (Month) February (Day) 19 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	10-8-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Parker Griffith
14. MOTHER'S MAIDEN NAME: Sarah Casandra Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mortuary Records, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Lung
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis
(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Mammary Gland
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Feb 19, 1954, that I last saw the deceased alive on Feb 19, 1954, and that death occurred at 6:30 A. m., from the causes and on the date stated above.
SIGNATURE, (Degree or title): Leo E. Schmidt, M.D.
ADDRESS: 9 Thomas Run, Havre de Grace, Md.
DATE SIGNED: Feb 19-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 23, 1954	Mt. Carmel	Emmorton, Harford,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 24 1954	[illegible]	Howard K. Mc Comas & Son	Abingdon, Md.

FEB
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1636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN WHITEFORD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Margaret (Middle) Belle (Last) Jones
4. DATE OF DEATH (Month) February (Day) 9 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	SINGLE	OCT. 27, 1953		3	13		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS A. JONES
14. MOTHER'S MAIDEN NAME: JANIE DUNCAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: THOMAS A. JONES, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
491	Immediate cause	(a) Bronchopneumonia	—
	DUE TO		
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Malnutrition + Avitaminosis	—
	DUE TO		
		(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2/9/54

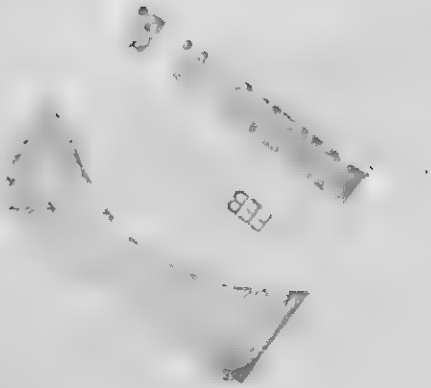
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	2-10-54	SLATE RIDGE	DELTA	PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-10-54	A. L. Lewis M. D.	JOHN H. HARKINS	DELTA, PA.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



651

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Curry (Last) Klair

4. DATE OF DEATH: (Month) February (Day) 15 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 23 1860

9. AGE last birthday: 93 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Curry

14. MOTHER'S MAIDEN NAME: Mary Eliza Kyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Miss Vesta Sandas Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air 2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-21-1954 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county): Havre de Grace | (State): Md.

DATE REC'D BY LOCAL REG. 2/23/54 | REGISTRAR'S SIGNATURE: Priscilla Fourwood | 24. FUNERAL DIRECTOR: R. Madison Mitchell | ADDRESS: Havre de Grace Md.

Items 18 &21 Film G161 3-3-54 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
LENGTH OF STAY (In this place): 17 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) L (Last) Lasher
4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Sept. 19, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk	U.S. Govt.,	Pennsylvania	U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown	717-07-1744	Records, Army Chemical Center, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxiation Poisoning due to inhalation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of carbon monoxide	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Garage at home	Edgewood	Harford	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Feb. 11 1954 m.		Drove car into garage shut in it with windows closed. Set side brake turned key off but still breathed air in car.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M.D.	Deputy Medical Examiner	Bel Air, Md.	2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Feb. 12, 1954	Fry Funeral Home	Smethport, Mc Kean, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-12, 1954	Mame M Mondale	Howard K. Mc Comas & Son,	Abingdon, Md.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville Md
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Churchville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Lynn (Last) LeBre

4. DATE OF DEATH (Month) Feb (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Nov 30/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Santiago Calif.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Victor L Lebre
14. MOTHER'S MAIDEN NAME: Lucy M Teague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Victor L Lebre c/o Belmore Teague Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feby 20/54
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Fountain Green Harford Md (State)

DATE REC'D BY LOCAL REG. 2-20-54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T. Foster Bel Air Md ADDRESS

1954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 1 mo 21 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 516 Freedom Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 516 Freedom Street

3. NAME OF DECEASED (Type or Print): (First) JACQUELINE (Middle) A (Last) LEE

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: 12-22-1953

9. AGE last birthday: — yrs. If under 1 year: Months 1, Days 21. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Robert E. Lee

14. MOTHER'S MAIDEN NAME: Pauline E. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr+Mrs Robert E. Lee - 516 Freedom Street Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1954, to Feb. 13, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
George T. Hansbury, M.D. — Havre de Grace Md. — Feb. 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/14/54 — NAME OF CEMETERY OR CREMATORY: St. James Cemetery — LOCATION (City, town, or county): Havre de Grace — (State): Md.

DATE REC'D BY LOCAL REG.: Feb. 14 1954 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Elmer E. Bullock — ADDRESS: Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Bush Chapel Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J. (Last) Markau
4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 18-1885
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self emp. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Wm. Markau
14. MOTHER'S MAIDEN NAME Wilhelmina Turan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary C. Markau - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause (a)	Myocardial Infarct	Terminal
Antecedent cause(s)	Arteriosclerotic Heart Disease	4 mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Arteriosclerosis	4 mo.
(c)	Benign Prostatic Hypertrophy	4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13-, 1953, to 2-13-, 1954, that I last saw the deceased alive on 2-15-, 1954 and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE Peter P. Lodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 2-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 2/16/54
NAME OF CEMETERY OR CREMATORY Mt. Erin Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Feb. 16-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL (FAWN GROVE) | LENGTH OF STAY (in this place) 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA COUNTY YORK
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DALLASTOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) RINEHOLT (Last) McKINSEY
4. DATE OF DEATH: (Month) FEB (Day) 2 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Oct. 7, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): YORK CO., PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL RINEHOLT
14. MOTHER'S MAIDEN NAME: ALICE BOYD
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: F.B. Oberwiler, Red Lion, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chr. rheumatoid arthritis, endarteritis obliterans, Toxemia gangrene of both feet (toes & ant. arch)

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) malnutrition, generalized arteriosclerosis

DUE TO (c) infirmities of old age.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Feb. 2, 1954, that I last saw the deceased alive on Feb. 2, 1954, and that death occurred at 9:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Norman H. Gemmill M.D. ADDRESS Stewartstown DATE SIGNED 2/2/54 Pa

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF 2-5-54 | NAME OF CEMETERY OR ~~CREMATORY~~ CROSS ROADS METH | LOCATION (City, town, or county) CROSS ROADS, YORK CO. (State) PENNA.
DATE REC'D BY LOCAL REGISTRAR 2/4/54 | REGISTRAR'S SIGNATURE Priscilla Forwood | 24. FUNERAL DIRECTOR Kenneth W. Orsburn ADDRESS Stewartstown Pa

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 331 N. Ohio St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Blanche Beatrice Mongo

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1954

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 8/9/1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Holt

14. MOTHER'S MAIDEN NAME: Anna Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-32-3743

17. INFORMANT AND ADDRESS: Brookview Apt. 17E Mrs. Ernester H. Saulters, Salisbury, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertensive - Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/18, 1954, that I last saw the deceased alive on 2/18, 1954, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George T. Stansbury, M.D. — ADDRESS: Havre de Grace, Md. — DATE SIGNED: 2/18/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 20, 1954 — NAME OF CEMETERY OR CREMATORY: St. James Cemetery — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: 4-20-54 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: [illegible] Bullock - Havre de Grace, Md. — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: County: Harford; State: Maryland; City or Town: New Bel Air; Length of stay (in this place): 2 mo.; Hospital or Institution or Street Address: Harford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Maryland; County: Harford; City or Town (If outside corporate limits, write RURAL and give nearest town): Havre de Grace; Street Address (If rural give location): 632 N. Stokes

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) (Last) Murphy

4. DATE OF DEATH: (Month) Unknown (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: abt. 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Carroll Boyd, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic C Vrenal disease — Interval Between Onset And Death: 3 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURED While at Work ☐ Not While At Work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1954, to 2/4, 1954, that I last saw the deceased alive on 2/3, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer (Degree or title): M.D. ADDRESS: Bel Air Md DATE SIGNED: 2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2/6/54 NAME OF CEMETERY OR CREMATORY: Angel Hill LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REGISTRAR: 2/5/54 REGISTRAR'S SIGNATURE: Priscilla Fourwood

24. FUNERAL DIRECTOR: Thompson & Son ADDRESS: Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) Roberta (Last) Noonan
4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married
8. DATE OF BIRTH: Jany 14-1879
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jason Scarborough
14. MOTHER'S MAIDEN NAME: (~~Unknown~~) Ann Scarborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Floyd Noonan Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Adenocarcinoma of Cecum — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Nov. 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cecum
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1949, 19..., to Feb. 14, 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill, Md. — DATE SIGNED: 2-15-54

23. BURIAL, CREMATION REMOVAL (Specify): Buria — DATE THEREOF: Feby 16-54 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Fountain Green Harford Md

DATE REC'D BY LOCAL REG.: 2-15-54 — REGISTRAR'S SIGNATURE: Priscilla Sowood — 24. FUNERAL DIRECTOR: Joseph T Foster Bel Air Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 151

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Belair
LENGTH OF STAY (in this place)
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS RFD #2, Belair

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville, Hanford Co Md
STREET ADDRESS (If rural, give location) R.F.D #2 Belair Md

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) J (Last) OWENS
4. DATE OF DEATH (Month) FEB (Day) 6 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH July 19, 1873
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY Construction Word
11. BIRTHPLACE (State or foreign country) Elkridge, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bernard Owens
14. MOTHER'S MAIDEN NAME Elizabeth Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Son - John Owens RFD #2 - Belair

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic rural disease (presumed)	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchial pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1954, to 2/6, 1954, that I last saw the deceased alive on 2/6, 1954, and that death occurred at 5 p.m., from the causes and on the date stated above.

~~SIGNATURE~~ Ernest W. Smith (Degree or title) MD ADDRESS 125 Dumbarton Rd. Balto. DATE SIGNED 2/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-9-1954
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) Edmondson Avenue (State)
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR George J Ruth Inc - 1735 Hanford Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Ruth Funerol

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ideal trailer Camp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Ideal Trailer Camp.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) Maria (Last) PETERMAN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct-1-1929

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas L. McClendon

14. MOTHER'S MAIDEN NAME: Mattie Lee Harold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Paul Richard Peterman Flemington N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 581.1

Immediate cause (a) Fatty infiltration of liver

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic alcoholism

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. S. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Feb. 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2/25/54

NAME OF CEMETERY OR CREMATORY Flemington Cemetery

LOCATION (City, town, or county) (State) Flemington N. J.

DATE REC'D BY LOCAL REG. Feb. 24-54

REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1655 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '51

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Rural

LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, Rural

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Allen (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	married	5/1/1900	53 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	U.S. Govt.,	Churchville Md.	U.S.

13. FATHER'S NAME: John W. Smith

14. MOTHER'S MAIDEN NAME: Carrie Cooper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		214-14-7603	Pearl E. Smith, Bel Air R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Heart disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Hypertension-Arteriosclerotic disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/21, 1954, that I last saw the deceased alive on 2/18, 1954, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George T. Stansbury, M.D.	Havre de Grace, Md.	2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1954	Asbury	Churchville, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/54	Priscilla Fourwood	Howard K. Mc Comas & Son	Abingdon, Md.,

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BUREAU V. S.

65

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air - Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) A (Last) Taylor
4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 9-1861
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Ashland N. Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Andrew J Taylor
14. MOTHER'S MAIDEN NAME Fannie (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS Mrs Wayne Edwards Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Cerebral Hemorrhage	60 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-vascular Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Feb. 14, 1954, that I last saw the deceased alive on Feb. 14, 1954, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md. DATE SIGNED 2-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feby 15/54
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) (State) Fountain Green
DATE REC'D BY LOCAL REG. 2-15-54
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph J Foster Bel Air Md ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa Rural
LENGTH OF STAY (in this place) lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Townsley

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Feb. 12 - 1890 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Joppa Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Stillman | 14. MOTHER'S MAIDEN NAME: Martha Cloman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY No: none | 17. INFORMANT & ADDRESS: Louis Townsley.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 260X (a) Congestive Heart Failure — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease, Arteriosclerosis and Diabetes Mellitus — over 10 yrs.
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb., 1954, to 23 Feb., 1954, that I last saw the deceased alive on 21 Feb, 1954 and that death occurred at 8 AM, 23 Feb 54 from the causes and on the date stated above.

SIGNATURE Philip W. Herman (Degree or title) M.D ADDRESS 307 Hickory Ave. DATE SIGNED 23 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 26, 1954 | NAME OF CEMETERY OR CREMATORY Mountain Christian | LOCATION (City, town, or county) Joppa. (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 26/1954 | REGISTRAR'S SIGNATURE Mame M Monsdale | 24. FUNERAL DIRECTOR W. A. Archer | ADDRESS Benson, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

644

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Perrymans

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Perrymans.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henry	Warfield Sr.	Feb	11	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Nov 3-1883	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Warfield	Amanda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Chas. H. Warfield Sr. Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Cerebral Vascular Accident — 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Hypertensive - Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Feb. 11, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. (Degree or title) ADDRESS Havre de Grace, Md. DATE SIGNED 2/13/54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 15-1954	Union M. E. Cemetery	Aberdeen	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 15-54	Nellie R. Perry	John G. Carring	Aberdeen, Md.

MARGIN RESERVED FOR BINDING

1645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 155

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 5 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	Anita	WEBSTER	FEBRUARY 20 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	C	Single	1-14-54		1	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert L Webster	Beatrice Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hosp. Records -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772.0
Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malnutrition and Dehydration
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/14, 1954, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George T. Stansbury, M.D.	Havre de Grace, Maryland	2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 22 -54	Hosanna Cemetery	Darlington Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 20-54	G. L. Lewis M.D.	H. S. Bailey	Darlington Md.

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FEB 23 1954
BUREAU V. S.

1646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01656

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 31 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abington X; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) B (Last) Waightson

4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/25/93

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: deceased William S. Barr

14. MOTHER'S MAIDEN NAME: deceased Margaret Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Edwin P. Wrightson, Jr., Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1954, to 2/3, 1954, that I last saw the deceased alive on 2/3, 1954, and that death occurred at 1 P.M. m., from the causes and on the date stated above.

SIGNATURE: A. Lewis M.D. (Degree or title) ADDRESS: Hare de Grace Md DATE SIGNED: 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 6, 1954

NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Chesapeake City, Cecil, Md.

DATE REC'D BY LOCAL REG.: Feb 5-54

REGISTRAR'S SIGNATURE: A. E. Lewis M.D.

24. FUNERAL DIRECTOR: Howard R. McComas Jr. ADDRESS: Abingdon Md

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